



**Aurora Health Care®**

**AHC Fond du Lac Occupational Health**  
 210 Wisconsin American Drive  
 Fond du Lac WI 54937-2999  
 Phone: 920-907-7000

**Thank you for choosing us for your health care needs. Please help us to ensure your records are accurate. Discuss any inaccuracies with the treating / prescribing physician or your Primary Care Provider.**

**Joseph Buck**  
 8/20/2014 1:45 PM Worker's Comp

Description: **55 year old male**  
 Provider: **Stephen G Kennebeck, PA**  
 Department: **Fdl Occ Health**

#### Your Information

Date Of Birth	Race	Ethnicity	Preferred Language
9/20/1958	White	Not of Hispanic or Latino Origin	English

#### Your To Do List

Future Appointments:	Provider:	Department:	Dept Phone:	Center:
8/25/2014 2:30 PM	Stephen G Kennebeck, PA	AHC Fond du Lac Occupational Health	920-907-7000	FDL
8/5/2015 4:00 PM	Paul S Bernstein, MD	AHC Fond du Lac Cardiology	920-907-7000	FDL

#### Follow-up

**Return in about 5 days (around 8/25/2014).**

#### Conditions Discussed Today or Order-Related Diagnoses

**Low back strain, initial encounter - Primary**

#### Your Vitals Were

BP	Pulse	Temp	Resp	Height	Weight
110/70	70	97.7 °F (36.5 °C) (Oral)	16	5' 11"	168 lb
BMI	Smoking Status				
23.44 kg/m2	Current Every Day Smoker				

#### Current Medications (as reported by you and your prescribing providers):

	Disp	Refills	Start	End
<b>HYDROcodone-acetaminophen (NORCO) 5-325 MG per tablet</b>	15 tablet	0	8/20/2014	
Sig - Route: Take 1-2 tablets by mouth every 6 hours as needed for Pain. - Oral				
<b>methyLPREDNisolone (MEDROL DOSEPAK) 4 MG tablet</b>	21 tablet	0	8/20/2014	
Sig: follow package directions				
<b>cyclobenzaprine (FLEXERIL) 10 MG tablet</b>	30 tablet	0	8/20/2014	
Sig - Route: Take 1 tablet by mouth 3 times daily as needed for Muscle spasms. - Oral				
<b>atorvastatin (LIPITOR) 40 MG tablet</b>	30 tablet	11	7/30/2014	
Sig - Route: Take 1 tablet by mouth daily. - Oral				

**1047**

**Current Medications (as reported by you and your prescribing providers): (continued)**

	Disp	Refills	Start	End
Class: Eprescribe				
<b>cyclobenzaprine (FLEXERIL) 10 MG tablet</b>	30 tablet	0	7/15/2014	
Sig - Route: Take 1 tablet by mouth 3 times daily as needed for Muscle spasms. - Oral				
Class: Eprescribe				
<b>ibuprofen (MOTRIN) 800 MG tablet</b>	30 tablet	0	7/15/2014	
Sig - Route: Take 1 tablet by mouth every 8 hours as needed for Pain. - Oral				
Class: Eprescribe				
<b>aspirin 325 MG tablet</b>				
Sig - Route: Take 325 mg by mouth nightly. - Oral				
Class: Historical Med				
<b>Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO)</b>				
Sig - Route: Take 1 tablet by mouth as needed. - Oral				
Class: Historical Med				

**Allergies as of 8/20/2014**

No Known Allergies

**Immunization History as of 8/20/2014**

Tdap	1/26/2012
------	-----------

**Problem List as of 8/20/2014**

Tobacco abuse disorder

Dyslipidemia

Family history of coronary artery disease

Low back strain

Coronary Artery Disease- Stent placement 2009

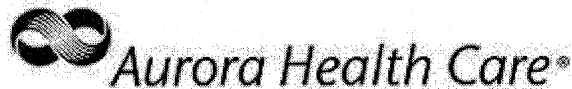
**Access your health record 24 hours a day/seven days a week with myAurora**

Manage health care for you and your family anytime, anywhere with the new myAurora, your free online resource for quick and easy access to personal health information, scheduling appointments, refilling prescriptions, viewing test results, paying bills and more. Sign up for a free and secure account. If you're already an existing myAurora or MyAHChart user, sign on to update your account to the new myAurora. It takes less than five minutes!

**[www.Aurora.org/myAurora](http://www.Aurora.org/myAurora)**

If you have questions related to myAurora, you can email [myaurora@aurora.org](mailto:myaurora@aurora.org) or call 855-624-9366 to talk to our myAurora staff. For questions related to your health, contact your physician's office. Please remember to dial 911 for medical emergencies.

1048

**AHC Fond du Lac Occupational Health**

210 Wisconsin American Drive  
Fond du Lac WI 54937-2999  
Phone: 920-907-7000

**Thank you for choosing us for your health care needs. Please help us to ensure your records are accurate. Discuss any inaccuracies with the treating / prescribing physician or your Primary Care Provider.**

**Joseph Buck**  
**8/25/2014 2:30 PM Worker's Comp**

Description: **55 year old male**  
Provider: **Stephen G Kennebeck, PA**  
Department: **Fdl Occ Health**

**Your Information**

Date Of Birth	Race	Ethnicity	Preferred Language
9/20/1958	White	Not of Hispanic or Latino Origin	English

**Your To Do List**

Future Appointments:	Provider:	Department:	Dept Phone:	Center:
<b>8/26/2014 3:00 PM</b>	Emily M Marshall, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
<b>9/4/2014 2:30 PM</b>	Stephen G Kennebeck, PA	AHC Fond du Lac Occupational Health	920-907-7000	FDL
<b>8/5/2015 4:00 PM</b>	Paul S Bernstein, MD	AHC Fond du Lac Cardiology	920-907-7000	FDL

**Follow-up**

**Return in about 10 days (around 9/4/2014).**

**We Ordered or Performed the Following**

**XR LUMBAR SPINE AP LATERAL AND OBLIQUES [IMG047 Custom]  
SERVICE TO PHYSICAL THERAPY [9032 Custom]**

**Conditions Discussed Today or Order-Related Diagnoses**

**Low back strain, subsequent encounter - Primary**

**Your Vitals Were**

BP	Pulse	Resp	Height	Weight	BMI
124/84	84	18	5' 11"	168 lb	23.44 kg/m2

**Smoking Status**

**Current Every  
Day Smoker**

**Current Medications (as reported by you and your prescribing providers):**

	Disp	Refills	Start	End
<b>HYDROcodone-acetaminophen (NORCO) 5-325 MG per tablet</b>	15 tablet	0	8/20/2014	
Sig - Route: Take 1-2 tablets by mouth every 6 hours as needed for Pain. - Oral				
<b>atorvastatin (LIPITOR) 40 MG tablet</b>	30 tablet	11	7/30/2014	
Sig - Route: Take 1 tablet by mouth daily. - Oral				



**Current Medications (as reported by you and your prescribing providers): (continued)**

	Disp	Refills	Start	End
Class: Eprescribe				
<b>aspirin 325 MG tablet</b>				
Sig - Route: Take 325 mg by mouth nightly. - Oral				
Class: Historical Med				
<b>Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO)</b>				
Sig - Route: Take 1 tablet by mouth as needed. - Oral				
Class: Historical Med				
<b>metaxalone (SKELAXIN) 800 MG tablet</b>	30 tablet	0	8/25/2014	
Sig - Route: Take 1 tablet by mouth 3 times daily. - Oral				
Class: Eprescribe				
<b>naproxen (NAPROSYN) 500 MG tablet</b>	40 tablet	1	8/25/2014	8/25/2015
Sig - Route: Take 1 tablet by mouth 2 times daily. - Oral				
Class: Eprescribe				
<b>ibuprofen (MOTRIN) 800 MG tablet</b>	30 tablet	0	7/15/2014	
Sig - Route: Take 1 tablet by mouth every 8 hours as needed for Pain. - Oral				
Class: Eprescribe				

**Allergies as of 8/25/2014**

No Known Allergies

**Immunization History as of 8/25/2014**

Tdap 1/26/2012

**Problem List as of 8/25/2014**

Tobacco abuse disorder

Dyslipidemia

Family history of coronary artery disease

Low back strain

Coronary Artery Disease- Stent placement 2009

**Result Summary for XR LUMBAR SPINE AP LATERAL AND OBLIQUES**

Entry Date

**Access your health record 24 hours a day/seven days a week with myAurora**

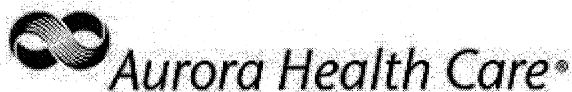
Manage health care for you and your family anytime, anywhere with the new myAurora, your free online resource for quick and easy access to personal health information, scheduling appointments, refilling prescriptions, viewing test results, paying bills and more. Sign up for a free and secure account. If you're already an existing myAurora or MyAHChart user, sign on to update your account to the new myAurora. It takes less than five minutes!

**[www.Aurora.org/myAurora](http://www.Aurora.org/myAurora)**

If you have questions related to myAurora, you can email [myaurora@aurora.org](mailto:myaurora@aurora.org) or call 855-624-9366 to talk to our myAurora staff. For questions related to your health, contact your physician's office. Please remember to dial 911 for medical emergencies.

==

1046

**AHC Fond du Lac Occupational Health**

210 Wisconsin American Drive  
Fond du Lac WI 54937-2999  
Phone: 920-907-7000

**Thank you for choosing us for your health care needs. Please help us to ensure your records are accurate. Discuss any inaccuracies with the treating / prescribing physician or your Primary Care Provider.**

**Joseph Buck**  
9/4/2014 2:30 PM Worker's Comp

Description: **55 year old male**  
Provider: **Stephen G Kennebeck, PA**  
Department: **Fdl Occ Health**

**Your Information**

Date Of Birth	Race	Ethnicity	Preferred Language
9/20/1958	White	Not of Hispanic or Latino Origin	English

**Your To Do List**

Future Appointments:	Provider:	Department:	Dept Phone:	Center:
9/9/2014 2:15 PM	Emily M Marshall, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
9/11/2014 3:15 PM	Emily M Marshall, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
9/16/2014 3:00 PM	Kristina M Barrett, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
9/18/2014 3:00 PM	Kristina M Barrett, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
9/19/2014 10:45 AM	Richard E Sturm, MD	AHC Fond du Lac Occupational Health	920-907-7000	FDL
8/5/2015 4:00 PM	Paul S Bernstein, MD	AHC Fond du Lac Cardiology	920-907-7000	FDL

**Follow-up**

**Return in about 2 weeks (around 9/18/2014).**

**Conditions Discussed Today or Order-Related Diagnoses**

**Low back strain, subsequent encounter - Primary**

**Your Vitals Were**

BP	Pulse	Resp	Height	Weight	BMI
112/82	88	18	5' 11"	168 lb	23.44 kg/m2

**Smoking Status**

Current Every  
Day Smoker

**1043**

**Current Medications (as reported by you and your prescribing providers):**

	Disp	Refills	Start	End
<b>metaxalone (SKELAXIN) 800 MG tablet</b>	30 tablet	0	8/25/2014	
Sig - Route: Take 1 tablet by mouth 3 times daily. - Oral				

**Current Medications (as reported by you and your prescribing providers): (continued)**

	Disp	Refills	Start	End
Class: Eprescribe				
<b>HYDROcodone-acetaminophen (NORCO) 5-325 MG per tablet</b>	15 tablet	0	8/20/2014	
Sig - Route: Take 1-2 tablets by mouth every 6 hours as needed for Pain. - Oral				
<b>atorvastatin (LIPITOR) 40 MG tablet</b>	30 tablet	11	7/30/2014	
Sig - Route: Take 1 tablet by mouth daily. - Oral				
Class: Eprescribe				
<b>aspirin 325 MG tablet</b>				
Sig - Route: Take 325 mg by mouth nightly. - Oral				
Class: Historical Med				
<b>Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO)</b>				
Sig - Route: Take 1 tablet by mouth as needed. - Oral				
Class: Historical Med				
<b>cyclobenzaprine (FLEXERIL) 10 MG tablet</b>	30 tablet	1	9/4/2014	
Sig - Route: Take 1 tablet by mouth 3 times daily as needed for Muscle spasms. - Oral				
Class: Eprescribe				
<b>ibuprofen (MOTRIN) 800 MG tablet</b>	60 tablet	2	9/4/2014	3/3/2015
Sig - Route: Take 1 tablet by mouth every 6 hours as needed for Pain. - Oral				
Class: Eprescribe				
<b>naproxen (NAPROSYN) 500 MG tablet</b>	40 tablet	1	8/25/2014	8/25/2015
Sig - Route: Take 1 tablet by mouth 2 times daily. - Oral				
Class: Eprescribe				
<b>ibuprofen (MOTRIN) 800 MG tablet</b>	30 tablet	0	7/15/2014	
Sig - Route: Take 1 tablet by mouth every 8 hours as needed for Pain. - Oral				
Class: Eprescribe				

**Allergies as of 9/4/2014**

No Known Allergies

**Immunization History as of 9/4/2014**

Tdap 1/26/2012

**Problem List as of 9/4/2014**

Tobacco abuse disorder

Dyslipidemia

Family history of coronary artery disease

Low back strain

Coronary Artery Disease- Stent placement 2009

**Access your health record 24 hours a day/seven days a week with myAurora**

Manage health care for you and your family anytime, anywhere with the new myAurora, your free online resource for quick and easy access to personal health information, scheduling appointments, refilling prescriptions, viewing test results, paying bills and more. Sign up for a free and secure account. If you're already an existing myAurora or MyAHChart user, sign on to update your account to the new myAurora. It takes less than five minutes!

[www.Aurora.org/myAurora](http://www.Aurora.org/myAurora)

If you have questions related to myAurora, you can email [myaurora@aurora.org](mailto:myaurora@aurora.org) or call 855-624-9366 to talk to our myAurora staff. For questions related to your health, contact your physician's office. Please remember to dial 911 for medical emergencies.

1044





Aurora Health Care®

**AHC Fond du Lac Occupational Health**  
 210 WISCONSIN AMERICAN DR  
 Fond du Lac WI 54937-2999  
 Phone: 920-907-7000

**Thank you for choosing us for your health care needs. Please help us to ensure your records are accurate. Discuss any inaccuracies with the treating / prescribing physician or your Primary Care Provider.**

**Joseph Buck**  
 9/30/2014 2:30 PM Worker's Comp

Description: **56 year old male**  
 Provider: **Stephen G Kennebeck, PA**  
 Department: **Fdl Occ Health**

**Your Information**

Date Of Birth	Race	Ethnicity	Preferred Language
9/20/1958	White	Not of Hispanic or Latino Origin	English

**Your To Do List**

Future Appointments:	Provider:	Department:	Dept Phone:	Center:
<b>10/2/2014 3:00 PM</b>	Kristina M Barrett, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
<b>10/10/2014 3:00 PM</b>	Kristina M Barrett, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
<b>10/14/2014 1:30 PM</b>	Stephen G Kennebeck, PA	AHC Fond du Lac Occupational Health	920-907-7000	FDL
<b>8/5/2015 4:00 PM</b>	Paul S Bernstein, MD	AHC Fond du Lac Cardiology	920-907-7000	FDL

**Follow-up**

**Return in about 2 weeks (around 10/14/2014).**

**Conditions Discussed Today or Order-Related Diagnoses**

**Low back strain, subsequent encounter - Primary**

**Your Vitals Were**

BP	Pulse	Resp	Height	Weight	BMI
122/74	72	18	5' 11"	168 lb	23.44 kg/m2

**Smoking Status**

Current Every  
Day Smoker

**Current Medications (as reported by you and your prescribing providers):**

	Disp	Refills	Start	End
<b>piroxicam (FELDENE) 20 MG capsule</b>	10 capsule	1	9/19/2014	
Sig - Route: Take 1 capsule by mouth daily. Take 1 cap daily with food. Fill RX as Work Comp - Oral				
Class: Eprescribe				
<b>cyclobenzaprine (FLEXERIL) 10 MG tablet</b>	30 tablet	1	9/4/2014	
Sig - Route: Take 1 tablet by mouth 3 times daily as needed for Muscle spasms. - Oral				
Class: Eprescribe				

1040

**Current Medications (as reported by you and your prescribing providers): (continued)**

	Disp	Refills	Start	End
<b>ibuprofen (MOTRIN) 800 MG tablet</b>	60 tablet	2	9/4/2014	3/3/2015
Sig - Route: Take 1 tablet by mouth every 6 hours as needed for Pain. - Oral				
Class: Eprescribe				
<b>metaxalone (SKELAXIN) 800 MG tablet</b>	30 tablet	0	8/25/2014	
Sig - Route: Take 1 tablet by mouth 3 times daily. - Oral				
Class: Eprescribe				
<b>naproxen (NAPROSYN) 500 MG tablet</b>	40 tablet	1	8/25/2014	8/25/2015
Sig - Route: Take 1 tablet by mouth 2 times daily. - Oral				
Class: Eprescribe				
<b>HYDROcodone-acetaminophen (NORCO) 5-325 MG per tablet</b>	15 tablet	0	8/20/2014	
Sig - Route: Take 1-2 tablets by mouth every 6 hours as needed for Pain. - Oral				
<b>atorvastatin (LIPITOR) 40 MG tablet</b>	30 tablet	11	7/30/2014	
Sig - Route: Take 1 tablet by mouth daily. - Oral				
Class: Eprescribe				
<b>ibuprofen (MOTRIN) 800 MG tablet</b>	30 tablet	0	7/15/2014	
Sig - Route: Take 1 tablet by mouth every 8 hours as needed for Pain. - Oral				
Class: Eprescribe				
<b>aspirin 325 MG tablet</b>				
Sig - Route: Take 325 mg by mouth nightly. - Oral				
Class: Historical Med				
<b>Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO)</b>				
Sig - Route: Take 1 tablet by mouth as needed. - Oral				
Class: Historical Med				

**Allergies as of 9/30/2014**

No Known Allergies

**Immunization History as of 9/30/2014**

Tdap 1/26/2012

**Problem List as of 9/30/2014**

Tobacco abuse disorder

Dyslipidemia

Family history of coronary artery disease

Low back strain

Coronary Artery Disease- Stent placement 2009

**Access your health record 24 hours a day/seven days a week with myAurora**

Manage health care for you and your family anytime, anywhere with the new myAurora, your free online resource for quick and easy access to personal health information, scheduling appointments, refilling prescriptions, viewing test results, paying bills and more. Sign up for a free and secure account. If you're already an existing myAurora or MyAHChart user, sign on to update your account to the new myAurora. It takes less than five minutes!

**[www.Aurora.org/myAurora](http://www.Aurora.org/myAurora)**

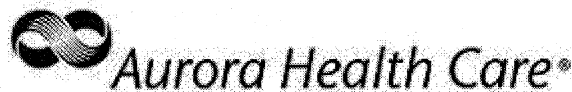
If you have questions related to myAurora, you can email [myaurora@aurora.org](mailto:myaurora@aurora.org) or call 855-624-9366 to talk to our myAurora staff. For questions related to your health, contact your physician's office. Please remember to dial 911 for medical emergencies.

1041



☐ Employer notified via phone regarding work restrictions and treatment plan.

1042



**AHC Fond du Lac Occupational Health**  
 210 WISCONSIN AMERICAN DR  
 Fond du Lac WI 54937-2999  
 Phone: 920-907-7000

**Thank you for choosing us for your health care needs. Please help us to ensure your records are accurate. Discuss any inaccuracies with the treating / prescribing physician or your Primary Care Provider.**

**Joseph Buck**  
 10/14/2014 1:30 PM Worker's Comp

Description: **56 year old male**  
 Provider: **Stephen G Kennebeck, PA**  
 Department: **Fdl Occ Health**

#### Your Information

Date Of Birth	Race	Ethnicity	Preferred Language
9/20/1958	White	Not of Hispanic or Latino Origin	English

#### Your To Do List

Future Appointments:	Provider:	Department:	Dept Phone:	Center:
<b>10/20/2014 1:30 PM</b>	Kristina M Barrett, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
<b>10/22/2014 8:30 AM</b>	Ahmet Dervish, MD	AHC Oshkosh West Pain Management	920-303-8700	OSW
<b>10/24/2014 11:00 AM</b>	Stephen G Kennebeck, PA	AHC Fond du Lac Occupational Health	920-907-7000	FDL
<b>8/5/2015 4:00 PM</b>	Paul S Bernstein, MD	AHC Fond du Lac Cardiology	920-907-7000	FDL

#### Follow-up

**Return in about 10 days (around 10/24/2014).**

#### We Ordered or Performed the Following

**SERVICE TO PAIN MANAGEMENT [9063 Custom]**

#### Conditions Discussed Today or Order-Related Diagnoses

**Low back strain, subsequent encounter - Primary**

#### Your Vitals Were

BP	Pulse	Resp	Height	Weight	BMI
130/82	88	18	5' 11"	168 lb	23.44 kg/m2

#### Smoking Status

**Current Every  
Day Smoker**

#### Current Medications (as reported by you and your prescribing providers):

	Disp	Refills	Start	End
<b>cyclobenzaprine (FLEXERIL) 10 MG tablet</b>	30 tablet	1	9/4/2014	<b>1038</b>
Sig - Route: Take 1 tablet by mouth 3 times daily as needed for Muscle spasms. - Oral				
Class: Eprescribe				
<b>ibuprofen (MOTRIN) 800 MG tablet</b>	60 tablet	2	9/4/2014	3/3/2015

**Current Medications (as reported by you and your prescribing providers): (continued)**

	Disp	Refills	Start	End
Sig - Route: Take 1 tablet by mouth every 6 hours as needed for Pain. - Oral Class: Eprescribe				
<b>naproxen (NAPROSYN) 500 MG tablet</b>	40 tablet	1	8/25/2014	8/25/2015
Sig - Route: Take 1 tablet by mouth 2 times daily. - Oral Class: Eprescribe				
<b>atorvastatin (LIPITOR) 40 MG tablet</b>	30 tablet	11	7/30/2014	
Sig - Route: Take 1 tablet by mouth daily. - Oral Class: Eprescribe				
<b>ibuprofen (MOTRIN) 800 MG tablet</b>	30 tablet	0	7/15/2014	
Sig - Route: Take 1 tablet by mouth every 8 hours as needed for Pain. - Oral Class: Eprescribe				
<b>aspirin 325 MG tablet</b>				
Sig - Route: Take 325 mg by mouth nightly. - Oral Class: Historical Med				
<b>Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO)</b>				
Sig - Route: Take 1 tablet by mouth as needed. - Oral Class: Historical Med				
<b>piroxicam (FELDENE) 20 MG capsule</b>	10 capsule	1	9/19/2014	
Sig - Route: Take 1 capsule by mouth daily. Take 1 cap daily with food. Fill RX as Work Comp - Oral Class: Eprescribe				
<b>metaxalone (SKELAXIN) 800 MG tablet</b>	30 tablet	0	8/25/2014	
Sig - Route: Take 1 tablet by mouth 3 times daily. - Oral Class: Eprescribe				
<b>HYDROcodone-acetaminophen (NORCO) 5-325 MG per tablet</b>	15 tablet	0	8/20/2014	
Sig - Route: Take 1-2 tablets by mouth every 6 hours as needed for Pain. - Oral				

**Allergies as of 10/14/2014**

No Known Allergies

**Immunization History as of 10/14/2014**

<b>Td:Adult type tetanus/diphtheria</b>	1/1/1997
<b>Tdap</b>	1/26/2012

**Problem List as of 10/14/2014**

**Tobacco abuse disorder**  
**Dyslipidemia**  
**Family history of coronary artery disease**  
**Low back strain**  
**Coronary Artery Disease- Stent placement 2009**

**Access your health record 24 hours a day/seven days a week with myAurora**

Manage health care for you and your family anytime, anywhere with the new myAurora, your free online resource for quick and easy access to personal health information, scheduling appointments, refilling prescriptions, viewing test results, paying bills and more. Sign up for a free and secure account. If you're already an existing myAurora or MyAHChart user, sign on to update your account to the new myAurora. It takes less than five minutes!

**[www.Aurora.org/myAurora](http://www.Aurora.org/myAurora)**

If you have questions related to myAurora, you can email [myaurora@aurora.org](mailto:myaurora@aurora.org) or call 855-624-9366 to talk to our myAurora staff. For questions related to your health, contact your physician's office. Please remember to dial 911 for medical emergencies.





**WORKER INJURY RETURN TO WORK REPORT**  
**AHC FOND DU LAC OCCUPATIONAL HEALTH**  
**210 Wisconsin American Drive**  
**Fond du Lac, WI 54937**

October 14, 2014

**EMPLOYEE INFORMATION:**

**NAME:** Joseph Buck

**DOB:** 9/20/1958

**DATE OF INJURY:** 8/20/2014

**EMPLOYER INFORMATION:**

**MERCURY MARINE**

920-929-5000

**WC Contact:**

**DATE OF SERVICE:** 10/14/2014.

**Provider:** Stephen Kennebeck, PA-C

**Time out:** 2:11 PM.

**DIAGNOSIS:**

1. Low back strain, subsequent encounter

**STATUS:** ☒ WORK RELATED

**DISPOSITION:**

**FOLLOW-UP VISIT(S):** 10/22/14 dr dervish @8:30am 10/24/2014 @11:00am kennebeck  
(Return sooner if condition worsens.)

**RETURN TO WORK NOW:**

☒ WITH limitations as stated below

**ACTIVITY LIMITATIONS:**

Are to be followed both at work and at home and are in effect until next clinic visit:

- ☒ Lifting, carrying, pushing pulling limit of 15-20 lbs
- ☒ Avoid the most extensive stooping, bending, stretching, twisting
- ☒ Alternate sitting/standing as needed

Other comments, limitations, or medications: Continue physical therapy. Referral to Pain Management.

**THANK YOU: for the privilege of serving as your Specialty Occupational Medicine Program!**

If there are any questions, please call the clinic at Dept: 920-907-7000. Employer has been called at the time of initial injury visit, and the provider's typed first report is faxed to employer shortly after that initial visit with additional medical details. Call us if any subsequent updates are needed. Signed, R. Sturm, MD, MPH, Medical Director.

**To employee:** The Aurora medical provider sets your medical activity limitations with the goal of keeping you working. Your employer will determine if and when appropriate limited work is available for you. Your employer, not the medical provider, will find you a job or else remove you from work if there is no appropriate limited duty. Discuss this with your employer. If you anticipate problems commuting to work or need time off for other reasons, discuss these concerns with your employer. **To employer:** locating appropriate limited work for some injuries may require a dynamic approach; please call our case manager nurse or medical provider if you have questions regarding specific cases.

☐ Employer notified via phone regarding work restrictions and treatment plan.

1037